PTO/SB/17 (12-04v2)
2006. OMB 0651-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 10/766,527						
FEE TRANSMITTAL					January 29, 20	anuary 29, 2004			
- - -	For FY 20		First Named	First Named Inventor		Itai BAB			
	FUI F I ZU	<u> </u>	Examiner Nan	Examiner Name					
	claims small entity status	s. See 37 CFR 1.27	Art Unit						
TOTAL AMOUN	T OF PAYMENT	(\$) 0	Attorney Docket No. 31949-200571						
METHOD OF	PAYMENT (check a	II that apply)							
Check	Credit Card	Money Order No	one Othe	er (please ide	ntify):				
X Deposit Acc	count Deposit Account Nu	umber: 22-0261 Deposit Ac	count Name:		Venable LLI	Р			
For the a	above-identified depos	sit account, the Director i	is hereby author	rized to: (che	eck all that apply)	ı			
x Ch	arge fee(s) indicated l	below	Cha	ırge fee(s) ir	ndicated below, ex	xcept for the	e filing fee		
X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCUL	ATION (All the fees	below are due upon fil	ling or may be	subject to	a surcharge.)				
	G, SEARCH, AND EX		**						
	FILI		ARCH FEES		NATION FEES				
Application Ty	pe Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entit \$) Fee (\$)	<u>ty</u> Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)		
Utility	300	150 500		200	100				
Design	200	100 100	50	130	65				
Plant	200	100 300	150	160	80				
Reissue	300	150 500	250	600	300				
Provisional	200	100 0	0	0	0				
2. EXCESS CLA	IM FEES					_	Small Entity		
Fee Description Each claim over	20 (including Reissu	es)				Fee (\$) 50	Fee (\$) 25		
-	nt claim over 3 (includ	ding Reissues)				200	100		
Multiple depend	ent claims					360	180		
Total Claims	Extra Claims	Fee (\$) Fee	Paid (\$)	<u>N</u>	<u> Multiple Depende</u>	ent Claims			
	20 = x er of total claims paid for, if	greater than 20.		<u> </u>	ee (\$) <u>F</u>	Fee Paid (\$)			
Indep. Claims	Extra Claims	Fee (\$) Fee	Paid (\$)						
-3 = X = HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION	1 0122 1 22	ceed 100 sheets of paper	· (evoluding elec	etronically (filed caquence or	computer			
listings unde	er 37 CFR 1.52(e)), th	ne application size fee du U.S.C. 41(a)(1)(G) and	ue is \$250 (\$125	5 for small	entity) for each a	dditional 50			
Total Sheets			•	•	eof Fee (\$)	Fee Pa	aid (\$)		
- 100 = /50 (round up to a whole number) x =									
4. OTHER FEE(S	•					Fees P	Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., la	te filing surcharge):)		
SUBMITTED BY									
	<i>/</i>	11 1	Registration No.	00.000		(000) 044	1000		

36,830 Telephone (202) 344-4000 (Attorney/Agent) Name (Print/Type) Ann S. Hobbs, Ph.D. 2/27/08 Date

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re application of: tai BAB et al.

Art Unit: 1646

Appl. No: 10/766,527

Examiner: Not Yet Assigned

Confirmation No: 2819

Filed: January 29, 2004

Atty. Docket No: 31949-200571

For: OSTEOGENIC GROWTH OLIGO-

PEPTIDES AS STIMULANTS OF

HEMATOPOIESIS

Customer No:

Information Disclosure Statement

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Sir:

This is an Information Disclosure Statement submitted under 37 C.F.R. § 1.97 within the time specified under 37 C.F.R. § 1.97(b).

In order to comply with applicant's duty of disclosure under 37 C.F.R. § 1.56, the U.S. Patent and Trademark Office is notified of the documents which are listed on the attached Form PTO/SB/08A and which the Examiner may deem relevant to patentability of the claims of the above-identified application. One copy of each of the listed documents is submitted herewith.

The present Information Disclosure Statement is being filed before the mailing date of the first Office Action on the merits, and therefore no Statement Under 37 C.F.R. § 1.97(e) or fee under 37 C.F.R. § 1.17(p) is required.

Applicant: Itai BAB Attorney's Doc. No. 31949-200571

In view of the above, no further translation or statement of relevance is required, and as all requirements of 37 C.F.R. § 1.97 and all official guide lines pertaining to Information Disclosure Statements have been complied with, and it is therefore respectfully requested that the Examiner consider the documents and make them of record.

Please charge any necessary fee or credit any overpayment in connection with this Information Disclosure Statement to Deposit Account No. 22-0261.

Respectfully submitted,

Date: 2/27/06

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DOCS#727550

PTO/SB/08B (07-05) Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Complete if Known Substitute for for **Application Number** 10/766,527 INFORMATION DISCLOSURE Filing Date 01/29/2004 STATEMENT BY APPLICANT **First Named Inventor** BAB, Itai Art Unit 1646 (Use as many sheets as necessary) **Examiner Name** Attorney Docket Number Sheet 31949-200571 RK 1 of

		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	
		Bab, I., et al., Endocrinology, 123(1);345-352 (1988)	
		Erratum which refers to: Bab, I., et al., Endocrinology, 128(5) 2638 (1991)	
		Kharchenko et al., Vepr. Med. Khim., 35(2) 106-109, (1989) (abstract)	
		Taichman, R.S., et al., Hematol. 4:421-426 (2000)	
		·	

Examiner	Date	
Signature	Considered	

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.